

UNITED STATES DISTRICT COURT

District of _____
Massachusetts

Washington Mutual Bank,
Plaintiff,

SUMMONS IN A CIVIL ACTION

v.

Dan W. Adams, Heidi K. Adams,
United States of America,
Commonwealth of Massachusetts
Department of Revenue, Delta
Funding Corporation and
Beneficial Massachusetts Inc.,
Defendants

CASE NUMBER:

05 - 11686 WGY

TO: (Name and address of Defendant)

Commonwealth of Massachusetts Department of Revenue

YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY (name and address)

J. Patrick Kennedy, Esq.
Bulkley, Richardson and Gelinas, LLP
One Post Office Square, Suite 3700
Boston, MA 02109

an answer to the complaint which is served on you with this summons, within 20 days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.



CLERK

DATE

(By) DEPUTY CLERK

8-15-05

SAO 440 (Rev. 8/01) Summons in a Civil Action

RETURN OF SERVICE		
Service of the Summons and complaint was made by me ⁽¹⁾	DATE	
NAME OF SERVER (PRINT)	TITLE	
<i>Check one box below to indicate appropriate method of service</i>		
<input type="checkbox"/> Served personally upon the defendant. Place where served: <input type="checkbox"/> Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein. Name of person with whom the summons and complaint were left: <input type="checkbox"/> Returned unexecuted: <input type="checkbox"/> Other (specify):		
STATEMENT OF SERVICE FEES		
TRAVEL	SERVICES	TOTAL \$0.00
DECLARATION OF SERVER		
<p>I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.</p> <p>Executed on _____ Date _____ Signature of Server _____</p> <p style="text-align: center;">_____ Address of Server</p>		

65819493



Suffolk County Sheriff's Department • 45 Bromfield Street • Boston, MA 02108 • (617) 989-6999
 Suffolk, ss.

August 25, 2005

I hereby certify and return that on 8/24/2005 at 8:50AM I served a true and attested copy of the Summons, Complaint and Cover Sheet in this action in the following manner: To wit, by delivering in hand to Jim Thornborough, agent and person in charge at the time of service for Commonwealth of Massachusetts Department of Revenue, at , 100 Cambridge Street, Boston, MA 02105. U.S. District Court Fee (\$5.00), Basic Service Fee (IH) (\$30.00), Travel (\$1.00), Postage and Handling (\$1.00), Attest/Copies (\$5.00) Total Charges \$42.00

Deputy Sheriff George Slyva

Deputy Sheriff